

# MassHealth

## ICD-10 Implementation Project

### ICD-10 Key Concepts

MassHealth has modified its systems and business operations to comply with the federally mandated transition from the International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification/Procedure Coding System (ICD-9-CM/PCS) to the 10<sup>th</sup> Revision (ICD-10-CM/PCS). The key concepts below outline some of the important modifications MassHealth has made to meet the federal standard. This is not an all-inclusive list of changes. Please refer to the MassHealth ICD-10 Implementation web page at [www.mass.gov/masshealth/ICD-10](http://www.mass.gov/masshealth/ICD-10) for more information about the ICD-10 implementation.

On April 1, 2014, the bill H.R. 4302, Protecting Access to Medicare Act of 2014 was signed into law. A component of the law states that the U.S. Department of Health and Human Services (HHS) cannot adopt the ICD-10 code set as the standard until at least October 1, 2015. On May 1, 2014, the Centers for Medicare & Medicaid Services (CMS) announced that ICD-10 will be implemented on October 1, 2015. Based on this change, MassHealth has evaluated the impact of the delay on MassHealth and will continue to provide more information as it becomes available. In the meantime, MassHealth will continue to test ICD-10 transactions with its trading partners through September 2015.

All claims submitted with dates of service or date of discharge on or after October 1, 2015, must include ICD-10 codes. All ICD-10 diagnosis codes included on a claim must be submitted to the fullest specificity with the appropriate number of characters required. Claims received with codes that do not contain the required number of characters may be denied.

Category	Transaction/ Functionality	Key Concept
Global Modifications	General modifications applied across relevant systems, and documentation	MassHealth will phase in key web-panel infrastructure to support the ICD-10 functionality slated for implementation. On April 1, 2014, minor panel modifications (such as radio buttons to select ICD 9 codes vs. ICD-10, drop-down menus, and minor shifts in the location of affected data elements) were made.
		Most of the functionality will be disabled until the ICD-10 implementation date. Additional details about the use of the enabled/disabled functionality will be communicated to providers before implementation.
		MassHealth expanded the field lengths within the Medicaid Management Information System (MMIS) to accommodate ICD-10 codes.
		MassHealth incorporated a qualifier into the MMIS to identify the version of ICD codes (9 vs. 10) on all claim submissions (batch, paper, direct data entry, and Healthcare Transaction Service (HTS)).
		MassHealth updated MMIS configuration to adopt the CMS compatibility groups.
		All ICD-10 diagnosis codes must be submitted with the greatest level of specificity. Claims received with codes that do not contain the required number of characters may be denied.
		MassHealth updated billing guides, forms, and other MassHealth documentation affected by ICD-10.

Category	Transaction/ Functionality	Key Concept
HIPAA Batch Transactions	837 Professional 837 Institutional Transactions	MassHealth updated its system to support the implementation guide (IG) changes outlined in the ICD-10 Impact to HIPAA Transactions issue brief published by the Workgroup for Electronic Data Interchange and the Strategic National Implementation Process (WEDI SNIP). The issue brief can be found at <a href="http://www.wedi.org/docs/publications/transactions-impacted-by-icd-10.pdf?sfvrsn=0">www.wedi.org/docs/publications/transactions-impacted-by-icd-10.pdf?sfvrsn=0</a> .
Paper Claims	CMS-1500	MassHealth implemented the new CMS-1500 claim form on April 1, 2014. Billing instructions can be found on the MassHealth ICD-10 Implementation web page at <a href="http://www.mass.gov/masshealth/icd-10">www.mass.gov/masshealth/icd-10</a> .
	UB-04	MassHealth will implement the revised UB-04 claim form. Billing instructions can be found on the MassHealth ICD-10 Implementation web page at <a href="http://www.mass.gov/masshealth/icd-10">www.mass.gov/masshealth/icd-10</a> .
Direct Data Entry (DDE)	Professional & Institutional Claims	MassHealth adopted all required field changes outlined by the National Uniform Claim Committee (NUCC) and the National Uniform Billing Committee (NUBC). Please view the updated MassHealth billing guides at <a href="http://www.mass.gov/masshealth/icd-10">www.mass.gov/masshealth/icd-10</a> .
		Effective October 1, 2014, claims submitted for durable medical equipment (DME) repairs that do not require prior authorization must include a separate attachment detailing the repair information. Please refer to the MassHealth CMS-1500 billing instructions for additional information.
		Providers must select the "ICD-9" code set when data entering resubmittals and voids for dates of service or date of discharge before the ICD-10 implementation date.
	Prior Authorization	All prior authorizations (PA) submitted on or after the ICD-10 implementation date must include the ICD-10 code set.
		Before implementation, MassHealth will determine when providers should stop submitting PA requests using the current ICD-9 code set and begin to submit PA requests using the new ICD-10 code set. Exceptions will be made for those services scheduled to begin before the ICD-10 implementation date.
		Prior authorization requests submitted before the ICD-10 implementation date with ICD-9 codes that must be modified after the implementation date, must be adjusted using the ICD-9 code set only.
	Pre-Admission Screening (PAS)	All pre-admission screening requests submitted on or after the ICD-10 implementation date must include the ICD-10 diagnosis and procedure codes. The Current Procedural Terminology (CPT) code set will not be accepted on PAS requests submitted on or after the implementation date.
		Prior to implementation, MassHealth will determine when providers should stop submitting PAS requests with the current ICD-9 code set and should begin to submit PA requests using the new ICD-10 Code set. Exceptions will be made for those services slated to be performed before the ICD-10 implementation date.
	Referrals	Referrals submitted on or after the ICD-10 implementation date must use the ICD-10 code set.

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DDE (cont.)	MMQ	<p>Effective October 1, 2015, MassHealth will no longer support the proprietary Management Minutes Questionnaire (MMQ) software currently available to providers on <a href="http://mass.gov/masshealth">mass.gov/masshealth</a>. By September 30, 2015, all providers using this software must transition to an alternative method of submitting MMQs. Such methods include using the POSC DDE MMQ functionality, submitting MMQ batch files in accordance with MassHealth MMQ file specifications, or engaging a vendor to generate MMQ batch files.</p> <p>To facilitate this transition, MassHealth removed the proprietary MMQ software from Mass.gov. MassHealth will continue to provide support for the proprietary MMQ software until September 30, 2015, when all providers have transitioned to an alternative submission method.</p> <p>POSC users may refer to the MMQ Job Aid available at <a href="http://www.mass.gov/eohhs/docs/masshealth/provlibrary/pocs-job-aids/sco-pace-submit-mmq.pdf">www.mass.gov/eohhs/docs/masshealth/provlibrary/pocs-job-aids/sco-pace-submit-mmq.pdf</a>.</p> <p>Batch submitters may view the MassHealth MMQ file specifications available at <a href="http://www.mass.gov/eohhs/docs/masshealth/provlibrary/draft-nf-d-icd-10.pdf">www.mass.gov/eohhs/docs/masshealth/provlibrary/draft-nf-d-icd-10.pdf</a>. Both of these documents have been modified for ICD-10.</p>
Stand Alone Application	Minimum Data Set-Home Care (MDS-HC)	<p>Effective on the ICD-10 implementation date, all MDS submissions must include ICD-10 codes. The MDS-HC application will be updated to support the submission of the new code set.</p>